

Office of the Secretary of State Corporations Section P.O. Box 13697 Austin, Texas 78711-3697 In the Office of the Secretary of State of Texas

FEB 1 2 2001

Corporations Regilen

## ASSUMED NAME CERTIFICATE FOR FILING WITH THE SECRETARY OF STATE

1.	The name of the corporation, limited liability company, limited partnership, or registered limited liability partnership as stated in its articles of incorporation, articles of organization, certificate of limited partnership, application for certificate of authority or comparable document is
2.	RailWorks W.T. Byler, L.P.  The assumed name under which the business or professional service is or is to be conducted or rendered is
	RailWorks W.T. Byler
3.	The state, country, or other jurisdiction under the laws of which it was incorporated,
	organized or associated is Texas and the
	address of its registered or similar office in that jurisdiction is
ı	800 Brazos, Austin, Texas 78701
4.	The period, not to exceed 10 years, during which the assumed name will be used is
	10 years
5.	The entity is a (check one): A.
	☐ Business Corporation ☐ Non-Profit Corporation
	Professional Corporation Professional Association
	<ul> <li>Limited Liability Company</li> <li>Registered Limited Liability Partnership</li> </ul>
	B. If the entity is some other type business, professional or other association that is incorporated, please specify below (e.g., bank, savings and loan association, etc.)
5.	If the entity is required to maintain a registered office in Texas, the address of the
	registered office is 800 Brazos, Austin, Texas 78701
	and the name of its registered agent
	at such address is Corporation Service Company
	The address of the principal office (if not the same as the registered office) is
	6225 Smith Avenue, Suite 200, Baltimore, MD 21209

	nd if the entity is not incorporated, organized or associated under the laws of Texas,
	ne address of its place of business in Texas is <u>n/a</u>
a	nd the office address elsewhere is <u>n/a</u>
C	he county or counties where business or professional services are being or are to be onducted or rendered under such assumed name are (if applicable, use the esignation "ALL" or "ALL EXCEPT")
	ALL
_ _	he undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies
th	ne undersigned, it acting in the capacity of an actorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this ocument.
d	ocument.

Signature of officer, general partner, manager, Representation

representative or attorney-in-fact of the entity

## NOTE

This form is designed to meet statutory requirements for filing with the secretary of state and is not designed to meet filing requirements on the county level. Filing requirements for assumed name documents to be filed with the county clerk differ. Assumed name documents filed with the county clerk are to be executed and acknowledged by the filing party, which requires that the document be notarized.